

**ELIGIBILITY FOR ICFID OR HCBS**

Case Manager: \_\_\_\_\_

Individual's Name: \_\_\_\_\_ ICAP DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Refer to your computer "client report" from the ICAP and check YES or NO for each area listed.

YES	NO	DOMAIN
____	____	<b>SELF CARE:</b> Personal Living Skills score is below the age-related criterion.  <b>OR</b> For people over 4 years old, has an arm/hand limitation in daily activities.
____	____	<b>LANGUAGE:</b> Social/Communication Skills score is below the age-related criterion.  <b>OR</b> For people over 4 years old, primary means of expression is something other than speech.
____	____	<b>LEARNING/COGNITION:</b> Person is mentally retarded (look at primary and additional diagnoses).
____	____	<b>MOBILITY:</b> Person is non-ambulatory.  <b>OR</b> For people over 4 years old, mobility assistance is needed (Yes if: occasionally needs help from other person; always needs help from other person or needs assistive devices such as cane, walker or wheelchair).
____	____	<b>SELF-DIRECTION:</b> General maladaptive behavior index score is something other than "within normal range."  <b>OR</b> Community Living domain score is below the age related criterion.  <b>OR</b> Primary or additional diagnosis includes mental illness or mental health problems

YES	NO	DOMAIN
___	___	<b>INDEPENDENT LIVING:</b> Community Living Skills domain score is below the age related criterion. <b>OR</b> For people over 18 years old, future residential need is anything other than "independent in own home or rental unit."
___	___	<b>ECONOMIC SELF SUFFICIENCY:</b> <b>For people Birth to 18 years old, Current Daytime Program is indicated by a score other than #1, #3, #4, or #9 of Section G, on page 10 of the ICAP Response Booklet.</b> <b>OR</b> <b>For people over 18 years and older, Future Daytime Program is anything other than "competitive employment."</b>

If there is a "YES" in any domain there is a deficit in that domain.

Indicate if there is a deficit in the following domains:

<b>SELF CARE</b>	YES ___ NO ___	<b>SELF DIRECTION</b>	YES ___ NO ___
<b>LANGUAGE</b>	YES ___ NO ___	<b>INDEPENDENT LIVING</b>	YES ___ NO ___
<b>LEARNING/COGNITION</b>	YES ___ NO ___	<b>ECONOMIC SELF-SUFFICIENCY</b>	YES ___ NO ___
<b>MOBILITY</b>	YES ___ NO ___		

Number "YES" \_\_\_\_\_

If this is 3 or more, they may be eligible for ICFID or HCBS. If two or less, the person is not eligible for ICFID or HCBS funding.

#### CRITERIA FOR INVENTORY FOR CLIENT AND AGENCY PLANNING (ICAP)

AGE	PERSON- AL LIVING	SOCIAL/ COMMU- NICATION	COMMU- NITY LIVING	AGE	PERSON- AL LIVING	SOCIAL/ COMMU- NICATION	COMMU- NITY LIVING
0	336	340	343	21	509	509	518
1	376	388	373	22	510	511	520
2	405	428	394	23	512	515	521
3	423	429	409	24	516	516	524
4	432	440	420	25	517	518	525
5	444	448	431	26	520	519	527
6	451	453	441	27	522	521	529
7	457	456	452	28	525	522	530
8	461	463	461	29	528	522	530
9	468	468	469	30	531	523	530
10	473	475	476	31	533	524	531
11	479	482	482	32	534	524	531
12	484	486	489	33	534	525	531
13	490	488	494	34	534	525	531
14	493	490	497	35	534	525	531
15	497	493	501	36	534	526	531
16	500	497	503	37	534	526	530
17	502	500	507	38	534	526	530
18	505	501	510	39	534	527	530
19	505	504	513	40	534	527	530
20	507	507	516	41	534	527	530

Signature: \_\_\_\_\_ Date: \_\_\_\_\_